## **HMGP Elevation Program -- Homeowner Reimbursement Expense Form for Eligible Expenses**

Owner Name:	
Property Address:	
County:	Municipality:
HMGP Grant Number:	Submission Date:

This itemized expense form is for the applicant to <u>document their eligible expenses only</u> for reimbursement. (Please see the attached form which identifies the eligible expenses that are reimbursable and ineligible expenses that are not.) The fields below should reflect any eligible elevation related expenses. The applicant shall number and include, in date order, all <u>paid invoices and receipts with proof of payment</u>. Please complete all 4 pages. Reimbursement requests must:

- 1) Use this Form
- 2) Follow the specified instructions
- 3) Enter information by the 4 elevation Phases
- 4) Organize and label your receipts by Phase (for example, "Elevation Construction Phase"), and then number the receipts chronologically (1 -> ?) for all your expenses for that Phase by receipt date.
- 5) Please record your name and HMGP grant number on each page.
- 6) Please be sure to include your contractor's registration or license number adjacent to their name.

Submission requests will be returned to the applicant if they do not follow this format or instructions, deviate from the categorized phases, or fail to organize and attach all required documentation to this form.

		PRE-OBLIGATION	ON PHASE EXPENSES:					
Cost incurred and paid for by you between 10/30/2012 and the date of your FEMA obligation								
<ul> <li>Examples of <u>Pre-Obligation</u> Activities:</li> <li>Engineering services for design, structural feasibility analysis, and cost estimate preparation</li> <li>Cost of surveying and soil sampling</li> <li>Utility and Construction permits</li> </ul>	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt Number	
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
				\$				
Total Pre-Obligation Costs:				\$				

NAME:	POST OBLIGATION – PRE CONSTRUCTION PHASE EXPENSES							
HMGP#:	Ехр	enses incurred and paid for	by you AFTER the date of y	our FEMA obligati	on AND befo	ore construct	ion	
Examples of Post Obligation- Pre Construction Activities:  Engineering services for design, structural feasibility analysis, and cost estimate preparation  Cost of surveying and soil sampling  Utility and Construction permits  Site preparation	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt number	
				\$	-			
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Total Post ObligationPre Constructi	on Costs:	1	l	\$			_1	

NAME:	ELEVATION CONSTRUCTION PHASE EXPENSES							
HMGP#:	Expenses incurred and paid for by you for the elevation of your home							
Examples of Elevation Construction Activities:  Physical elevation of the structure and subsequent lowering and		ZAPENSES INC			, cui ilonic	Type of Payment –		
<ul> <li>attachment of the structure onto a new foundation</li> <li>Disconnection and raising of utilities</li> <li>Demolition of existing foundation and footings</li> <li>Concrete and block foundation and footings</li> </ul>	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt number	
100011153	Date	ivici citatity service i Tovider	Electise National	\$	was para,	Casii (3)	Hamber	
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<b>Total Elevation Construction Costs</b>	):	•		\$			•	

NAME: HMGP#:	POST-CONSTRUCTION PHASE EXPENSES  Expenses incurred and paid for by you AFTER the elevation of your home						
Examples of Post-Construction Activities:  Utility reconnection Post-construction Elevation Certificate Legal and recording fees for Deed Restriction Debris disposal and erosion control	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt number
		-		\$			
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<b>Total Post-Construction Costs:</b>				\$			
<u>Displacement Costs</u> : Cost of temporary housing (food ar	nd transpor	tation are not eligible)		\$			
TOTAL COSTS FOR COMPLETE (SUM OF 4 SECTIONS ABOVE)		ON PROJECT		\$			

Applicant certification: I certify that, to the best of my knowledge, the eligible expenses identified herein (all pages) are true and accurate and represent eligible expenses incurred and paid for by me for the elevation of my home that I wish to be reimbursed for. I have read the provided documentation and understand what expenses are eligible for reimbursement and which are not.

Applicant Signature:	Date:
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NAME: HMGP#:		EX	KPENSES NOT IDENTI	FIED ABOVE			
Record your additional expenses here and their Phase (i.e.Construction, etc.):	Receipt/ Invoice Date	Merchant/Service Provider	Contractor's Registration or License Number	Amount Claimed	Payment Date (when expense was paid)	Type of Payment – Record: Check (K) Credit Card (CC) Bank Statement (B) Cash (S)	Receipt Number
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Total Expenses on this page:				\$			
NOTES/COMMENTS FOR HMGP ST	AFF:				_		